

Name: Mr. Ms. Mrs. Dr. _____

Credentials (eg: RN, DO, MD). _____

Organization: _____

Position: _____

Work Address: _____

Home Address: _____

(Street 1)

(Street 1)

(Street 2)

(Street 2)

(City)

(State)

(Zip)

(City)

(State)

(Zip)

(County)

The following information is requested for tracking purposes

Are you a current OkGEC Scholar? Yes No

Telephone: (____) _____

Fax: (____) _____

Year of birth: - ____ - ____ - ____

Which address would you prefer us to use? Home Work

E-mail: _____

What is your age group?

- Less than 20 years old
- 20-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60 or older

What is your ethnicity? (Please check all that apply)

- American Indian or Alaska Native
- Asian, specify _____
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Other, specify _____

Are you Hispanic/Latino? Yes No

Are you retired?

Yes No

Are you a National Health Service Corps member?

Yes No

What is your gender?

Male Female

What is your most advanced degree? (Check one and specify degree)

- Elementary/ secondary school (e.g., High school diploma, GED)
- Associates Degree (e.g. AA, AAS)
- Diploma (e.g., RN)
- Baccalaureate Degree (e.g. BA, BS, BSN, BSW)
- Other, specify _____
- Masters Degree (e.g., MA, MS, MSN, MSW)
- Doctorate (e.g., PhD, EdD, ScD, DNP)
- MD
- DO

Do you have an additional certificate in geriatrics? This would include a CAQ (Certificate of Added Qualifications) in Geriatrics or a Board Certification in Gerontology (GCNS-BC or GNP-BC)

Yes No

IF YOU ARE A DIRECT CARE PROVIDER:

Do you spend at least 50% of your time in any of the following sites that serve underserved populations?

(Check all that apply)

- Community Health Center
- Rural Health Center
- Migrant Health Center
- Indian Health Service
- Primary Care, Health Professional Shortage Area (HPSA)
- Mental Health Center
- State or local Health Department
- Check here if none are applicable to your practice
- Federally Qualified Health Center
- State Designated Ambulatory Area
- Health Care for Homeless
- Public Housing Primary Care
- Dental Care in HPSA site
- Governor designated area
- Other, specify _____

What is your profession / discipline? (Check only one)

Primary Care

Allopathic Medicine (MD)

- Family Medicine
- Internal Medicine
- Psychiatry
- Other Medicine

Osteopathic Medicine (DO)

- Family Medicine
- Internal Medicine
- Other Medicine
- Chiropractic
- Dentistry

Nursing

- LPN
- RN and/or BSN
- NP
- CNS

- Other, specify _____
- Pharmacy
- Physician Assistant
- Podiatry

Allied Health

- Clinical Laboratory Sciences
- Dental (Hygienist, Assistants)
- EMT
- Health Information (Administrators, Technicians)
- Home Health Aide/Medical Assistant
- Nutrition and Food Services
- Preventive Medicine
- Rehabilitation (Therapists or Assistants in OT, PT, Speech/Audiology)
- Technician

Other, specify _____

Related

- Gerontology
- Clinical Psychology/Counseling
- Other Counseling
- Health Administration
- Nursing Home Administration
- Health Education
- Law (Attorney, Paralegal)
- Law Enforcement/Security
- Protective Services
- Pastoral Care
- Public Health
- Dental Public Health
- Recreational Therapies
- Social/Behavioral Sciences
- Social Work

Other, specify _____

Primary Role: (Check one)

- Administrator/Manager
- Academic Faculty
- Clinical Faculty
- Health Care Practitioner (anyone in a field related to health care who shares responsibility for delivery of health care or related services)
- In Service/Continuing Education Coordinator
- Resident Fellow Other Student, Specify _____

Other, specify _____

Please indicate the clinical sites in which you work. (Check all that apply.)

For each location you check, please indicate the number of patient encounters you have in an average day. Check here if you do not have regular therapeutic contact with patients

- Ambulatory Care Centers
- Assisted Living
- Chronic & Acute Hospitals
- Home Care
- Hospice
- Other (Describe): _____

of patients

- Nursing Homes
- Palliative Care
- Senior Centers
- Senior Housing
- Telehealth

of patients

PARTICIPANT PROFILE



Oklahoma Geriatric Education Center 920 Stanton L. Young, WP 1215 Oklahoma City, OK 73104 Phone (405) 271-8130 Fax: (405) 271-2497
Thank you for registering for this program. Please take a few minutes to complete this profile. We request your information for two reasons: <ul style="list-style-type: none"> ❖ To help us secure continued funding. Participant profile information is crucial for our reports to the Federal Bureau of Health Professions, a major funding agency for geriatric-related education programs. ❖ To include you in our database for information regarding future programming. The information provided is kept strictly confidential.
<p>THANK YOU</p>

Program Evaluation:

The content of the Program was:				
	Not Appropriate For Me			Very Appropriate For Me
Please choose one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could understand the issues in gerontology/geriatrics better after this program:				
	Strongly Disagree			Strongly Agree
Please choose one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program will help my professional development:				
	Strongly Disagree			Strongly Agree
Please choose one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program has led to new ideas that I will try out in my work setting:				
	Strongly Disagree			Strongly Agree
Please choose one:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>